Public Health Is a Model of Shared Services

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In a state with 566 municipalities, there are only 95 health departments. More than a third of our towns share services and that number will grow as communities struggle with tight budgets and caps on spending.

Combining forces allows town to leverage existing technology and staff. It also gives health officers more flexibility to promote and protect public health and prepare for future challenges.

Regional Health Commissions and other shared service agreements make sense in this era of budget constraints.

For 125 years, New Jersey has required every municipality to provide public health services through its board of health. These services, funded primarily through local property taxes, include:

- investigating and preventing the spread of communicable diseases such as H3N2v—the novel new flu strain;
- investigating and assessing environmental impacts of health hazards such as asbestos in schools, mercury in day care centers or groundwater contamination in homes;
- inspecting restaurants, wells, septic systems and recreational bathing places;
- providing health education and information on everything from asthma and breastfeeding to obesity and West Nile Virus;
- promoting vaccination and auditing school immunization records; and,
- collecting data/ monitoring health status to identify and solve community health problems.

There is no "one size fits all" approach to public health. Communities develop and use the system that best fits their needs.

There are several different kinds of health agencies in our state. Thirty-four municipalities have a local health agency like Elizabeth, Jersey City and Trenton. Many towns have agreements to aid one another during emergencies such as floods, hurricanes, evacuation of health care facilities or bioterrorism events.

Thirty-six municipalities have shared service agreements called Uniform Shared Public Health Service. These agreements can cover any essential public health services from a health officer or nursing services to a lead inspector or a retail food inspector. The arrangements can be between two towns or nine or more. Long Beach Island, for example, has an agreement with all six municipalities on Long Beach Island. Bernards Township provides services to six other municipalities in Somerset County.

Twenty counties have county health departments; some of them provide a full array of services while others focus on countywide emergencies and environmental inspections. Hudson County does not have a county health department.

Seven groups of municipalities operate Regional Service Commissions. This collaborative approach may gain popularity as municipalities struggle with budget constraints. Regional health commissions exist in Mid-Bergen, North West Bergen, Monmouth, Essex, Hudson, Princeton, and Middle-Brook.

Two or more municipalities can form a "regional health commission" and one or two members of each town serve as representatives on the commission. Regional health commissions are not just contracts for services. Municipalities can reduce costs by sharing a broad array of services while maintaining home rule. The commission can adopt, enforce, alter or repeal ordinances. And the municipalities can collaborate on policies, procedures, and services.

Funding for the commission comes from the participating municipalities, based on a formula that they determine.

Middle-Brook Regional Health Commission, for example, was formed in 1970 and serves 44,000 people in five municipalities in Somerset County. The Monmouth County Regional Health Commission, formed in 1938, serves 215,000 people in 21 municipalities—16 that participate in the commission and five that contract for services. The benefits include lower administrative costs and smaller municipalities receiving more services than they could afford on their own.

Although some of the municipalities retain their local boards of health, Monmouth County Regional Health Commission Health Officer Sandy Van Sant said members have an equal voice and join forces to adopt ordinances that benefit every town.

According to Middle-Brook Regional Health Commission Health Officer Kevin Sumner, having municipal representatives on the Commission makes it easier to know the needs of each municipality—which is important for effective public health services.

As New Jersey's population grows more diverse, so too will the challenges our public health agencies face in areas such as obesity and diabetes.

Our department's program dedicated to promoting nutrition and fitness and preventing obesity is a public/private partnership called Shaping NJ. Shaping NJ is a collaborative effort of 200 diverse stakeholders—including businesses, community-based and faith-based organizations, hospitals, universities, nutrition experts, parks and recreation programs and state agencies—who work collaboratively to make New Jersey a healthier place to live. The goal is to make the healthy choice the easy choice. Partners are making changes in schools, child care centers, worksites, communities and hospitals and doctor's offices that will make nutritious foods and opportunities for physical activity more accessible.

Regional Health Commissions and other shared service agreements make sense in this era of budget constraints. Promoting and supporting regional health planning is a key initiative of the Department of Health. We believe it is essential to make meaningful improvements public health in our state. ▲

For more information on local public health, contact the New Jersey Department of Health, Office of Local Public Health: http://nj.gov/health/lh/index.shtml or 609-292-4993.